

THE Caesarean Epidemic

Who's Having This Baby, Anyway—You Or The Doctor?

By Gena Corea

Photograph by Britain Hill

Don't go to the hospital," Julie Olsen tried to warn her pregnant sister, Laurie, when she heard that, though Laurie's labor had not yet begun, her membranes had ruptured. Too late. Laurie had left.

Independently, Kathie, another sister, attempted to reach Laurie to tell her: "Don't let them give you Pitocin." But by that time, the Pitocin drip had already been started.

Karla, eldest of the four sisters, also tried to protect Laurie that day—the day Laurie's first baby, Jesse, was born—delivered by Caesarean section.

Laurie's is a close family with an extraordinary mother, Tillie Olsen, author of the feminist classic, *Tell Me A Riddle*, and more recently, *Silences*. Laurie's father, Jack Olsen, teaches labor history and is a former union organizer. The work of the three elder daughters is concerned with childbirth and feminist health. Perhaps these are reasons why they understood, and were especially outraged by, what happened to Laurie.

A policy researcher and a writer who at one time worked with The Feminist Press, Laurie is the youngest Olsen daughter. When she became pregnant, she and her husband Michael Margulis, a musician, began voraciously reading books and articles on childbirth. They took Bradley natural childbirth classes and talked extensively with midwives. Though they would have preferred a midwife-attended delivery, they felt confident they could handle the birth in the hospital facilities offered by their health plan. After all, they were prepared and Laurie was in excellent health.

Laurie's waters broke at five a.m. and three hours later, on July 25, 1979, she and Michael were at their hospital in Oakland, California.

The doctor there told them that the hospital had a policy on ruptured membranes: the baby must be delivered within 24 hours because of the danger of infection. The membranes of the "bag of waters" that surround a fetus protect it from any bacteria that might come up the vagina and into the uterus. So if Laurie's labor did not begin soon, the doctors wanted to induce it intravenously by giving her Pitocin, a drug that stimulates uterine contractions.

By 10 a.m. Laurie was hooked up to an electronic fetal monitor (EFM) and an intravenous feeding tube. She was lying on her back in deference to the machine's needs and could hardly move. The EFM made Laurie uncomfortable. The EFM, a key part of this story, is a large machine which is wheeled to the bedside of a woman in labor. An audio device, a screen like that of an oscilloscope and a steadily unrolling paper tape record the heartbeat of the fetus and the strength of the mother's contractions.

At 11 a.m., the resident physician came in and said that Laurie's labor would be induced by Pitocin. "It's policy," she explained.

Laurie and Michael decided not to enter into an adversary relationship with the doctors. They did not want to fight alone against the hospital, especially when they were not confident they knew enough to challenge its policy. But for all their awareness of the complexities of birth, they were not prepared with practical alternatives when the hospital's rules began to work against them.

If Laurie and Michael could have gone to a medical library, this is what they would have found:

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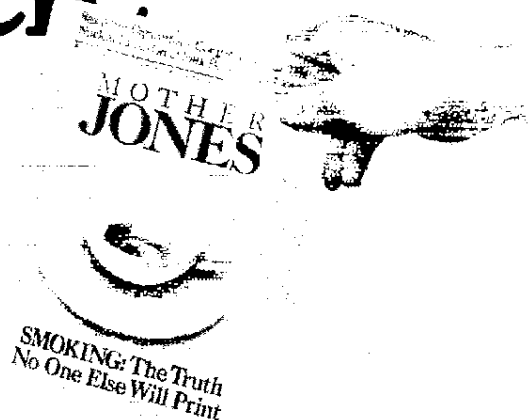
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